



**DEPARTMENT OF COMMERCE AND INSURANCE  
DIVISION OF REGULATORY BOARDS  
ALARM SYSTEMS CONTRACTORS BOARD  
500 JAMES ROBERTSON PARKWAY, 2nd FLOOR  
NASHVILLE, TENNESSEE 37243  
(615) 741-9771 Fax:(615) 532-2965**

**COMPLAINT**

\_\_\_\_\_  
BOARD/COMMISSION

\_\_\_\_\_  
DATE FILED

_____ (Complainant)	V	_____ (Respondent)
_____ (Street Address)		_____ (Street Address)
_____ (City, State, Zip)		_____ (City, State, Zip)
_____ (Home Telephone Number)		_____ (Telephone Number)

Please provide the following information to enable our investigator to contact you concerning your complaint, if a personal interview becomes necessary.

Name of Your Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Your Business Phone \_\_\_\_\_

**NOTE:** Pursuant to TCA Title 47, Chapter 18, the Tennessee Consumer Protection Act, you may want to file a complaint with the Division of Consumer Affairs, 5th Floor, 500 James Robertson Parkway, Nashville, Tennessee 37219. (615-741-4737) or (800-342-8385)

## BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. You should retain copies. )

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Other person(s) with firsthand knowledge of your complaint:

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

(Attach an additional sheet if necessary.)

Have you consulted an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please provide the following:

Name of Attorney \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Phone \_\_\_\_\_

Are you licensed by this State Board? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, give license number \_\_\_\_\_

Complainant Signature \_\_\_\_\_

**Optional**

(except for Land Surveyors complaints)

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, personally appeared  
before me the complainant name in the foregoing complaint who, on oath, says that the facts  
above stated are true to the best of his (or her) information and belief.

Witness my hand and seal at \_\_\_\_\_ this date.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_